

COUNTY OF GALVESTON

Defendant's Name: \_\_\_\_\_ SPN No. \_\_\_\_\_

Offense: \_\_\_\_\_ Booking No. \_\_\_\_\_

Offense: \_\_\_\_\_ Service No. \_\_\_\_\_

Warrant No. \_\_\_\_\_

**WAIVER OF APPOINTED COUNSEL**

I have been told by the Magistrate that I have the right to request the appointment of a lawyer. I understood the warnings given to me by the Magistrate. I wish to waive my right to an appointed attorney at this time. I do not want the Magistrate to appoint an attorney for me at this time.

\_\_\_\_\_  
Defendant Signature

**REQUEST FOR COUNSEL**

I have been told by the Magistrate that I have the right to request the appointment of a lawyer. I understood the warnings given to me by the Magistrate. I do want to request the appointment of an attorney.

\_\_\_\_\_  
Defendant Signature

**ORDER SETTING ADDITIONAL CONDITIONS OF BOND**

IT IS THE ORDER OF THE COURT that if you receive an appointed attorney and make bond, you shall comply with the following additional terms and conditions of bond:

1. You shall keep all appointments with your attorney;
2. You shall attend all court settings, and;
3. You shall notify your attorney or your attorney's office of any changes in your residence address, business address or telephone numbers within twenty-four (24) hours of such change.

Any violation of these conditions may result in your bond being held insufficient and you being returned to custody.

\_\_\_\_\_  
Judge/Magistrate

Defendant's principal language if not English: \_\_\_\_\_

I understand these conditions of my bond.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant Signature